

## Form CPF M 102: Campaign Finance Report **Municipal Form** Office of Campaign and Political Finance VELLERA'S OFFICE

of Massachusetts	13 FFR   Pile With:   Gity or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date: Jun	June 2012 Ending Date: December 31, 2012
	TRIN CLASS
Type of Report: (Check one)	UKALUK HA
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
Debra DeWitt Ahern	Committee to Elect Debra DeWitt Ahern
Candidate Full Name (if applicable)	Committee Name
Housing Commissioner	Erich J. Bryant
Office Sought and District	Name of Committee Treasurer
44 Kenwood Rd. Dracut, MA	44 Kenwood Rd. Dracut, MA
Residential Address	Committee Mailing Address
Telephone Number (optional): 9784535421	Telephone Number (optional): 9784535421
SUMMARY BALAN	ANCE INFORMATION:
Line 1: Ending Balance from previous report	1373.72
Line 2: Total receipts this period (page 3, line 1	e 11) 0
Line 3: Subtotal (line 1 plus line 2)	1373.72
Line 4: Total expenditures this period (page 5, 1)	5 line 14)
Line 4: Total expenditures this period (page 3, 1	5, time 14)
Line 5: Ending Balance (line 3 minus line 4)	1373.72
Line 6: Total in-kind contributions this period (p	d (page 6)
Line 7: Total (all) outstanding liabilities (page 7	ge 7) 0
Line 8: Name of bank(s) used: Washington Savin	vings Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee  Signed under the penalties of perjury:	the best of my knowledge and belief, a true and complete statement of all campaign finance a-kind contributions and liabilities for this reporting period and represents the campaign ttee in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 2/8/2013
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	k 1 box only)
Candidate with Committee and no activity independent of the committee	, to the best of my knowledge and belief, a true and complete statement of all campaign fine in accordance with the requirements of M.G.L. c. 55. I have not received any contribution porting period.
certify that I have examined this report including attached schedules and it is, to the control of the certify that I have examined this report including attached schedules and it is, to the certify that I have examined this report including attached schedules and it is, to the certify that I have examined this report including attached schedules and it is, to the certification of the	, to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 2/8/2013



# Form CPF M 102: Campaign Finance Report **Municipal Form** Office of Campaign and Political Finance

of Massachusetts	12 FER 12 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 05/19	9/2013 Ending Date: 12/31/2013
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	☐ 30 day after election
Debra DeWitt Ahern	Committee to Elect Debra DeWitt Ahern
Candidate Full Name (if applicable)	Committee Name
Housing Commissioner	Erich J. Bryant
Office Sought and District	Name of Committee Treasurer
44 Kenwood Rd. Dracut, MA	44 Kenwood Rd. Dracut, MA
Residential Address	Committee Mailing Address
Telephone Number (optional): 9784535421	Telephone Number (optional): 9788282336
SUMMARY BALANC	EE INFORMATION:
Line 1: Ending Balance from previous report	179171
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	1791.71
Line 4: Total expenditures this period (page 5, line	e 14) 417.99
Line 5: Ending Balance (line 3 minus line 4)	1373.72
Line 6: Total in-kind contributions this period (pa	nge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Washington Savings	5
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
	be best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.
Candidate without Committee OR Candidate with independent activity filing se  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	be best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date:

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Data Darat	Name and Residential Address	Amount	13 FEBOceupation: Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	
			TURN CLURA BRACUT, MA
			URACUL MA
			*
			1
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		1
and to. Total Rece	ipto 400 and andor (not instead above)		1
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		☐← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer  (for contributions of \$200 or more)
	(mpanasas grafus s)		LERK'S OFFICE
			B 12 PM 12: 15
			EN H. E.P. 4.0.3 M FN CLERK ACID, MA
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report; if additional pages are required to

Date Paid	tures. Please include your committ  To Whom Paid  (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address		Amount
		7 U.	N CLERA CUL MA	
		5	SOLUMA	
		1 10 5 15 17		
	L	ine 12: Total Expenditures over	er \$50 (or listed above)	
	1	ine 13: Total Expenditures \$50	and under* (not listed above)	
		15. 15. ar Emperioration \$50	(not noted above)	
	Enter on page 1, line $4 \rightarrow \mathbf{L}$	ine 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	OWN CLERK'S	le ti Ce		
	13 FFB 12 PM		à	
	TUYN CL	4 - 4 M		
		,		
			8	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	HRES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

		Church	ACULIVEN	
		TENN	Description of Contribution	
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		1011	P 12 PM 12: 15	
		KATE		
L			511 M. India 2.4	
			RCUT, HA	
			50 000000	
ll l				
		<u> </u>		
	I			
L				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				114
				E
			20-1	7.5
			35	
				5 8
		1 XIII-		
	ñ			
	Enter on page 1, line 7 →			



## Schedule E Municipal Form Disclosure of Assets Statement

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission CPF ID# This form should be filed by all candidates and committees with each year end and each dissolution report. Committee Name: Committee to Flect Debra DeWitt AhenDate of report: 2-8-13 All candidates and committees must fill in Part A or Part B. Part A: No assets\* were acquired or disposed of by this candidate/committee during the period covered by this statement. Part B: Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets. Cost/Value Present Location Manner Acquired Date Asset Include year, model or other identifying Acquired information, if applicable. Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement. Disposition Value Disposition to: Date and Manner Date Asset Attach statement of how of Disposition Include year, model or other identifying Acquired Name and Address value is determined. information, if applicable. Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution. \*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition. Signed under the penalties of perjury: Signed under the penalties of perjury: Candidate signature

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.